

JUNE 4, 2021
ORR JUVENILE
COORDINATOR REPORT

ORR JUVENILE COORDINATOR INTERIM REPORT

June 4, 2021

Aurora Miranda-Maese, ORR Juvenile Coordinator

Introduction

In accordance with the April 24, 2020 Order, issued by The Honorable Dolly M. Gee of The United States District Court for the Central District of California, the undersigned ORR Juvenile Coordinator, Aurora Miranda-Maese, has filed monthly reports during the pendency of the national health emergency related to the COVID-19 pandemic. The reports addressed the six Court ordered topics and additional requirements as directed by the Court. At the May 7, 2021 status hearing, the Court issued a new order, which modified the ORR Juvenile Coordinator's report to include topics detailed by the Court below. This report, which covers the period from April 8, 2021 to May 31, 2021, provides details on the following topics as ordered by the Court:

- Whether the Juvenile Coordinator has adequate personnel or other capacity to provide detailed monitoring of new or expanded facilities.
- The census of minors in each of the agency's facilities.
- Updates on ORR's plans, if any, to expand capacity, particularly of licensed shelter beds.
- The average length of stay for minors in the agency's facilities.
- Census of minors in an EIS for more than 20 days and those minors' length of stay.
- Updates on ORR's plans to improve case management and expedite release of minors.
- Updates on ORR's plans, if any, with respect to long-term use of EIS' and processes to transfer minors from EIS' into licensed facilities, if release to a sponsor is not feasible.
- Case management services at each facility.
- Minors' access to counsel in general, and to the Legal Services Providers Amici Curiae in particular.
- The number of minors currently testing positive for COVID-19.
- Updates on ORR policies regarding the use of EIS', including policies and procedures to address COVID-19.

Whether the Juvenile Coordinator has adequate personnel or other capacity to provide detailed monitoring of new or expanded facilities.

Information for this report is derived from a cross-section of personnel in the ORR Unaccompanied Children Program. The Juvenile Coordinator consulted with and participated in daily coordination meetings with several ORR teams including: Division for Planning and Logistics, Division of Health for Unaccompanied Children, Division for Unaccompanied Children Operations, Division of Policy and

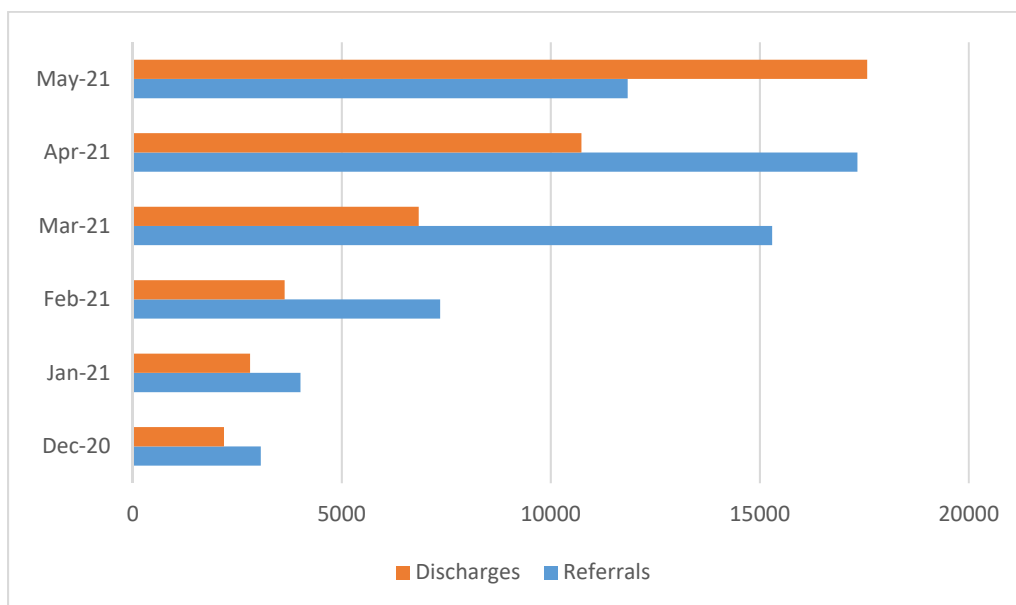
Procedures, Compliance and Monitoring Team, and the Data and Systems Team. Additionally, the Juvenile Coordinator met with ORR Federal Field Staff and various points of contacts overseeing operations at licensed shelters, Emergency Intake Sites, and an Influx Care Facility to provide the Court with the requested information noted above. The Juvenile Coordinator also arranged for site visits to every operational EIS in Texas, which will occur from June 1 to June 11, 2021.

ORR Capacity

As of May 31, 2021, ORR has 17,424 minors in custody, which demonstrates a significant decrease from the height of over 23,000 minors in care during the course of the current reporting period. During the current reporting period, ORR received referrals for approximately 24,112 minors and discharged approximately 26,255 minors.

Figure 1 below provides information regarding the increase in ORR referrals and discharges for the last six months, beginning December 1, 2020 to May 31, 2021.

Figure 1: ORR Referrals and Discharges from December 1, 2020 to May 31, 2021



The census of minors in each of the agency's facilities.

Figure 2 below summarizes ORR's bed capacity as of May 31, 2021. This information is dynamic as ORR is aggressively pursuing efforts to increase bed capacity. Therefore, it is likely that the information depicted in the figure below changed very soon after it was produced.

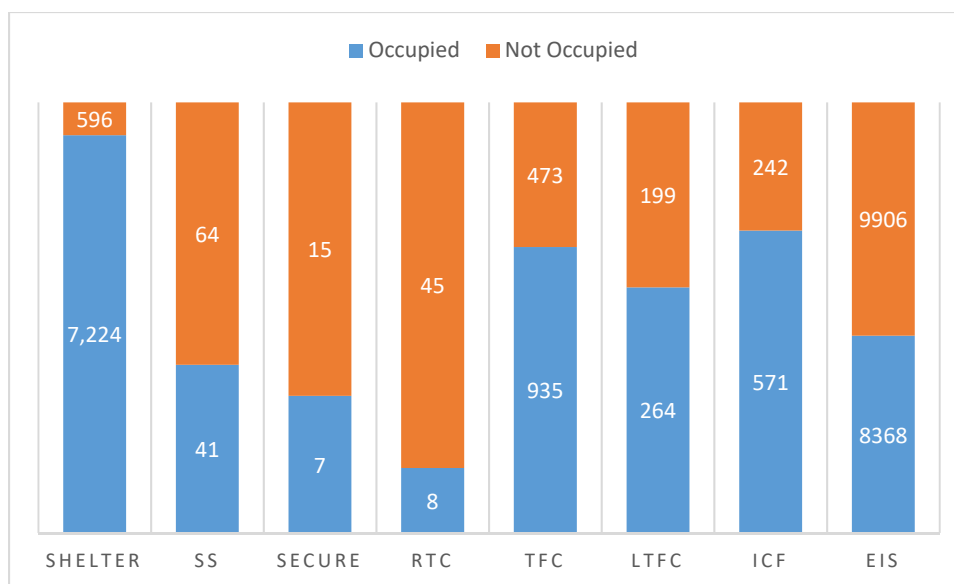
Figure 2: ORR Bed Occupancy by Residence Type as of May 31, 2021¹

ORR Program Type	Total Beds	# of Beds Occupied	# of Beds Not Occupied
Shelter	7,820	7,224 92%	596 8%
Staff Secure	105	41 39%	64 61%
Secure	22	7 32%	15 68%
RTC	53	8 15%	45 85%
TFC	1408	935 66%	473 34%
LTFC	463	264 57%	199 43%
Influx Care Facility	813	571 70%	242 30%
Emergency Intake Site	18274	8368 46%	9906 54%
TOTAL	28,958	17,418 60%	11,540 40%

Figure 3 below provides a depiction of capacity by facility type. A larger proportion of more restrictive facilities (i.e. secure, staff secure, and RTC) are not occupied as most minors do not meet the criteria for placement at those facilities. Regarding TFC and LTFC, ORR strives to place minors with families that are willing to accept them from the border. Where families and/or foster care programs have declined to accept minors directly from the border, ORR attempts to free border placement beds by transferring longer residing minors to those foster care placements as appropriate. In some cases, a foster care home may have specifications for the demographics able to reside with them (i.e. parenting teens, tender aged children, and special needs).

¹The census for minors in ORR custody constantly fluctuate as children are admitted, transferred, and discharged at all times of each day. Therefore, the census reflected in Figure 2 and Figure 3 is a snapshot of the capacity at the exact time that the review was conducted. Furthermore, ORR is constantly reassessing bed capacity as circumstances regarding the COVID-19 pandemic and increasing number of minors requiring quarantine or medical isolation are referred to ORR. This chart reflects ORR's reassessed capacity on the morning of May 31, 2021.

Figure 3: ORR Bed Occupancy by Residence Type as of May 31, 2021¹



Updates on ORR's plans, if any, to expand capacity, particularly of licensed shelter beds.

ORR's current permanent licensed capacity is constrained by the unprecedented increase of minors referred to ORR. Recognizing that most of these licensed facilities are near full capacity, ORR is reviewing new proposals offering additional licensed programs. In addition, current programs are exploring additional licensed facilities within their companies. Despite these assertive and ongoing efforts to increase licensed bed capacity, the current influx levels have necessitated the need for ORR to open non-state licensed Influx Care Facilities (ICF) and continue implementing Emergency Intake Site (EIS) facilities.

The EIS facilities are part of a multi-pronged approach to absorb the current surge. EIS facilities are intended to be short-term/temporary facilities (generally, under a 6-month period). EIS facilities are designed for mass care and offer basic standards of care for minors such as providing clean and comfortable sleeping quarters, meals, toiletries, laundry, and access to medical services. A COVID-19 health screening protocol for all minors is implemented to follow CDC guidelines for preventing and controlling communicable diseases. For minors diagnosed with COVID-19, EIS facilities either have established medical isolation areas or are designated for only minors that test negative for COVID-19. In addition to medical and mental health services, case management and legal services are available for all sites that were opened. Furthermore, many of these sites have either implemented or are in the process of implementing educational and recreational services as well. Figure 4 below provides details on capacity and placements at EIS and ICF.

Figure 4: ORR Emergency Intake Sites and Influx Care Facility Operational as of May 31, 2021²

Facility Name (Location)	Total Beds	Beds Occupied	Beds Not Occupied
[REDACTED] TX)	813	571	242
[REDACTED] TX)	1430	780	650
[REDACTED] TX)	440	258	182
[REDACTED] TX)	10000	3495	6505
[REDACTED] TX)	372	187	185
[REDACTED] CA)	772	206	566
[REDACTED] TX)	607	328	279
[REDACTED] TX)	1957	1617	340
[REDACTED] CA)	1100	534	566
[REDACTED] CA)	1450	817	633
[REDACTED] MI)	146	146	0
Totals	18,274	8,368	9,906

In addition, ORR is working to safely increase capacity in its permanent/licensed network by implementing CDC COVID-19 guidance and using ICF with the same standards of care as ORR's permanent/licensed network. Simultaneously, ORR is continuing to aggressively move toward the long-term goal of acquiring enough state-licensed beds in our care provider network to reduce the need in the future for ICF or EIS.

Care provider programs continue implementing prudent staffing models in adherence with guidance from the CDC, state and local authorities and their own organizational policies in order to limit exposure risk for their employees. As a result, programs are not able to meet ORR and state-licensing mandated staffing supervision, which further reduces the maximum capacity each program can accommodate.

Some of ORR facilities are struggling with staffing shortages and are having a hard time filling positions. Programs are reporting difficulties with hiring staff due to a decreased response to job postings and in finding qualified applicants for positions posted. Also, some potential candidates are not continuing with the hiring process, citing fears of contracting COVID-19.

In addition, ORR facilities are experiencing difficulties with staff retention. Programs have reported challenges with an inability to hire and retain employees who are often faced with caretaker responsibilities within their own homes and concerns that potential employees may have working in a congregate setting, which may put them at risk for exposure. Other reasons cited include: low morale, the inability to telework, working additional hours due to coverage needs, delays with State licensing to complete the clearance process, and concerns regarding travel during the pandemic. ORR has been working with programs to identify strategies to mitigate staffing challenges where possible.

To offset staffing shortages, several federal staff from diverse areas of the federal government have volunteered to assist in ORR's effort to serve minors. Currently, volunteers include personnel from U.S.

²The information reflected in Figure 4 represents ORR's EIS facilities that are operational as of May 31, 2021. Omitted from this chart are the four EIS that closed during the reporting period. The closed EIS are: Freeman Expo Center (San Antonio, TX), Kay Bailey Hutchinson Convention Center (Dallas, TX), NACC Houston (Houston, TX), and PIA (Erie, PA).

Public Health Service, various programs in Health and Human Services, and the Department of Homeland Security. A solicitation for volunteers was also recently sent to the Department of Justice.

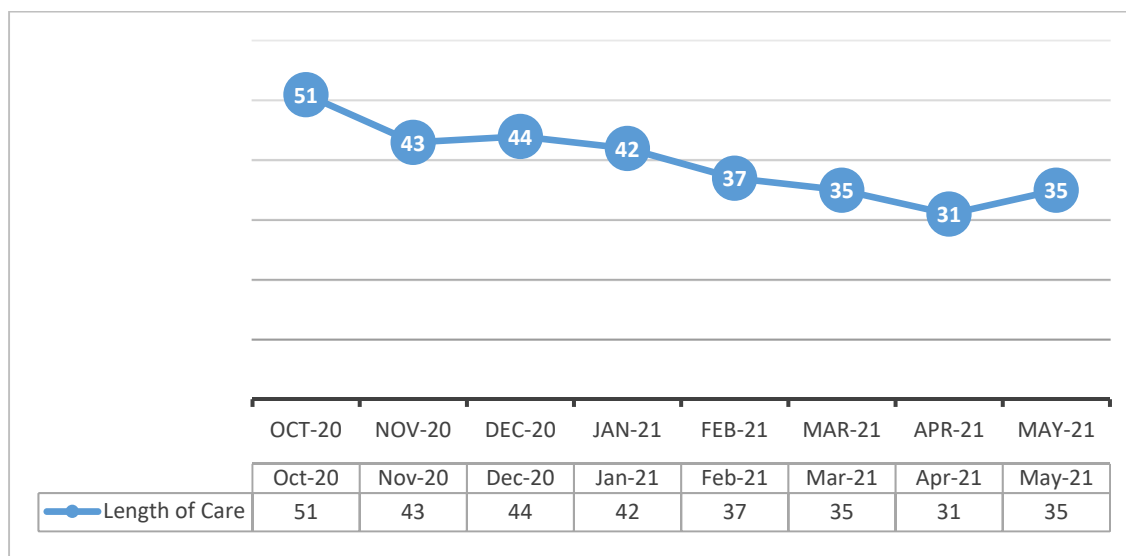
Placement & Release of Minors in ORR Custody

As depicted in Figures 1 to 3 above, ORR has experienced an insurmountable number of minors arriving at the border. Their arrival in historically high numbers coincide with the nation's efforts to control the spread of COVID-19, which is also a priority for ORR facilities. From March 2020 until March 2021, ORR and its care provider network operated with a reduced bed capacity in accordance with social distancing guidelines from the CDC, and public health officials. On March 5, 2021, ORR issued guidelines in consultation with CDC, which urged facilities to expand bed capacity as much as possible and provided additional instructions for safeguarding against COVID-19. However, increasing bed capacity at a sufficient speed to match the extremely high numbers of minors arriving at the border remains a challenge. ORR received 17,335 referrals in April, and 11,840 referrals in May. Despite ORR's aggressive efforts to timely place the minors in ORR facilities, the number of children arriving at the border is outpacing the speed at which ORR can secure additional beds and staff. However, ORR's efforts has significantly reduced the delays in transferring minors from CBP to ORR custody, with placement now occurring within 72 hours of apprehension by CBP.

The average length of stay for minors in the agency's facilities

Over the past six months (December 2020 to May 2021), ORR's assertive efforts to release minors has resulted in a steady decline in the average amount of time that minors remain in ORR custody. This measure of time that a minor remains in ORR custody is known as the length of care. As detailed in Figure 6 below, ORR's efforts have maintained the steady decline in average length of care despite the significant increase in the number of minors in ORR custody.








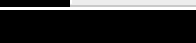


Figure 5: Average Length of Care for Minors in ORR Custody



Census of minors in an EIS for more than 20 days and those minors' length of stay.

As of May 31, 2021, ORR had a cumulative total of 4,799 minors in EIS with length of stay (LOS) of over 20 days. This includes 2,622 whose LOS is between 21 and 40 days. It also includes 2,177 minors whose LOS is 41 days or higher, with the highest LOS being 66 days. Figure 6 below provides a breakdown of LOS for each EIS.

Figure 6: Census and length of stay of minors in an EIS for more than 20 days as of May 31, 2021

EIS Program Name	# of Minors with LOS of 21-40 days	# of Minors with LOS of 41 days or more
	67	649
	61	56
	1,401	762
	53	97
	75	0
	58	70
	343	344
	189	0
	373	195
	2	4

Updates on ORR's plans to improve case management and expedite release of minors.

On March 22, 2021, ORR issued guidance for the expedited release of eligible Category 1 cases (see attached ORR Field Guidance #10, Expedited Release for Eligible Category One Cases). ORR has prepared this field guidance to best serve minors in ORR custody who have parents or other potential Category 1 sponsors in the United States. Based on this guidance, a minor may be released on an expedited basis to their sponsor provided that the following conditions are met:

- If the child is screened and determined not to be especially vulnerable;
- If the child is not subject to a mandatory TVPRA home study; and
- If there are no other red flags present in the case (i.e. abuse or neglect)

In cases where expedited release is appropriate, ORR authorizes care providers to pay for the sponsor's travel to the ORR care provider facility to pick up the minor and complete paperwork at the facility (if allowed). Travel arrangements should be made as soon as it appears that the minor's release is viable.

Additionally, ORR issued further guidance on May 14, 2021 for the expedited release of eligible minors (see attached ORR Field Guidance #15, Release of Eligible Non-Sibling, Closely Related Children to a Category 1 or Category 2A Sponsor). ORR prioritizes the placement of minors with parents, legal guardians, and close relatives who are available to provide custody in the United States. To that end, ORR instituted a revised policy for groups of closely related minors, which allows for the following:

- Expedited Release Procedures for Eligible Category 1 Cases to apply to a related child for whom the same sponsor serves as a Category 2 sponsor; and
- Category 2A background check requirements to apply to a related child for whom the same sponsor serves as a Category 2B sponsor

Under this policy, certain minors will be released to their parents or legal guardians (or Category 2A sponsors) using specialized procedures that modify standard release requirements under the ORR Policy Guide. In recognition of operational flexibilities that may require additional follow up, this Field Guidance may be further modified by ORR.

Updates on ORR's plans, if any, with respect to long-term use of EIS' and processes to transfer minors from EIS' into licensed facilities, if release to a sponsor is not feasible.

In response to the influx of minors arriving at the border, ORR dedicated its immediate focus to addressing the placement delays from CBP custody to ORR custody. Now that placement delays are reduced, ORR is shifting focus to addressing minors with lengthy LOS at EIS and licensed facilities. These efforts include continuing assessments of methods of expediting release, transfer of minors to licensed facilities when release is not imminent and encouraging the expansion of licensed care facilities. ORR's efforts are flexible and dynamic as the situation requires readjustments in real time as new concerns emerge and issues change.

In addition, ORR is working with other agencies, establishing collaborative relationships with Customs and Border Patrol (CBP) and the Federal Emergency Management Agency (FEMA) to ensure that unaccompanied migrant minors are safe and unified with family members or other suitable sponsors as quickly and safely as possible. ORR is working closely with FEMA and other federal partners to establish EIS facilities and engage service providers. Services will be provided by a combination of the American Red Cross, Federal staff, including teams from the HHS Office of the Assistant Secretary for Preparedness and Response and the U.S. Public Health Service Commissioned Corps, and various contractors.

Case Management & Access to Counsel at EIS

Case management services at each facility

ORR submitted Standard Operating Procedures (SOP) to delineate the documentation and implementation of onsite and virtual case management procedures to execute the safe and timely discharge or transfer of minors from ORR EIS facilities.

In response to the current shortage of available beds in the ORR network of Licensed Care Providers for minors, EIS facilities have been established to ensure minors are not in a Border Patrol station for more than 72 hours. EIS Case Management teams, including onsite and/or virtual roles, are being built to help ORR meet its mission to safely release minors to a vetted Sponsor or safely transfer minors without unnecessary delay.

In situations where virtual and onsite Case Managers are working collaboratively on unification cases, every effort should be made to allow the virtual and the onsite Case Manager to work directly with each

other to best coordinate Case Management services to minors and Sponsors. Case Management teams should possess experience in all aspects of Case Management services for minors, as well as Child Welfare experience.

The Juvenile Coordinator met remotely with all the EIS facility site leads to ensure case management services are being provided to the minors in care. Currently, all EIS facilities have case management services in place. Some EIS facilities have developed robust Case Management Services while others continue to ramp up their services.

Access to Counsel

As a general matter, minors in ORR custody have access to counsel at their request. Section 3.3.10 of the ORR Policy Guide requires that minors have unlimited telephone access to attorneys representing them. Section 3.3. of the ORR Policy Guide also requires that minors receive legal services information, including a Legal Resource Guide and list of local pro bono legal service providers upon admission to ORR programs. This requirement applies to licensed facilities, Influx Care Facilities (ICF) and Emergency Intake Sites (EIS).

ORR funds access to legal counsel for minors on their immigration related cases through three mechanisms: 1) provision of Know Your Rights (KYR) presentations; 2) a legal consultation which screens minors for immigration related remedies; and 3) either direct representation or court assistance on immigration related matters. The decision whether to proceed with representation or court assistance on immigration related matters is at the discretion of the attorney and the minor. Additionally, ORR continues funding for direct representation for some minors after their release from ORR custody.

A legal service provider is assigned to every ORR facility, including ICF and EIS, for the purpose of carrying out these duties. At the EIS, priority is given to conducting KYR presentations and assisting minors with immediate immigration related needs through legal screening and direct representation/court assistance. Some EIS also offer drop-in office hours for minors to speak with them at will. Legal service providers have space at each EIS to conduct their services on multiple days, and in some cases, every day of the week. As of May 23, 2021, ORR funded the following services at EIS:

- KYR presentations to over 14,500 minors;
- Legal screening for over 250 minors; and
- Over 1,800 hours of drop-in legal services

In addition, ORR provides minors referrals to local legal service providers upon their release from ORR custody. Minors also receive additional KYR and legal screening from ORR funded legal services providers upon their transfer within the ORR care provider network.

ORR also provides our funded legal services contractor information on all minors released from ORR custody (licensed facilities, ICF, and EIS) so that their sub-contracted legal service providers may offer KYR presentations and legal screening to minors released from ORR custody prior to receiving those services.

COVID-19 in ORR Facilities

As of May 23, 2021, there are a total of 151 minors in ORR custody in licensed shelters who have been diagnosed with COVID-19 and who are currently in medical isolation. One hundred and seventeen (117) of these minors were diagnosed with COVID-19 either prior to placement in ORR facilities or during the initial intake period (first 14 days), and thirty-four (34) minors likely acquired COVID-19 while in ORR facilities (more than 14 days after arrival). Minors who test positive for SARS-CoV-2 more than 14 days (the maximum incubation period for SARS-CoV-2) after being admitted to ORR care were likely infected while in ORR care, through contact with infected staff members or other minors, or in community settings within the facility or medical office visits. It is often not possible to determine the exact timing and source of infection because many minors are asymptomatic and because a person who has recovered from COVID-19 may continue to have a positive test result for several weeks after illness.

ORR usually places minors newly referred along the Southwest Border into shelters local to the site of referral. On March 13, 2021, ORR issued guidance (COVID-19: Interim Guidance for Shortening Quarantine Duration and Increasing Testing for ORR Facilities) that now recommends minors be quarantined for seven days. Minors are released from quarantine if they remain asymptomatic and test negative both on entry to the program and within 48 hours before the end of their quarantine period. To decrease overcrowding at CBP facilities, shortening the quarantine period to seven days with a negative test result is advised based on CDC recommendations at all ORR facilities.

According to the revised ORR guidance issued on March 13, 2021, contact tracing should begin immediately if anyone tests positive for COVID-19. Minors who test positive for COVID-19 will be isolated until they meet the criteria to discontinue isolation. Minors exposed to COVID-19 shall be quarantined for seven days and tested by the 5th, 6th or 7th day of their quarantine. Minors will be released from quarantine upon receiving a negative test result.

Minors in such quarantine are tested at least twice for COVID-19, once shortly after admission and again prior to release from quarantine. In the last year, more than 92,000 COVID-19 viral tests have been completed for the unaccompanied minors in ORR's program.

ORR does not require that staff disclose their private medical information as it relates to COVID-19; however, some staff voluntarily reported this information. Since collecting information, ORR has been notified of 1,543 (cumulative) personnel with positive COVID-19 test results as of May 20, 2021. Staff with positive COVID-19 test results are required to medically isolate for at least 10 days. Staff with suspected exposure to COVID-19 are required to quarantine for 14 days, or for the time period recommended by the local health department. Furthermore, the exposed or infected staff are not permitted to have any contact with minors or other staff at the shelters until their quarantine or medical isolation periods, respectively, have ended.

At this time, care provider program staff who are eligible for the COVID-19 vaccine based on the CDC's Advisory Committee on Immunization Practices (ACIP) recommendations and the recommendations of their state and local jurisdictions may opt to receive the vaccine, which is now more readily available to adults.

The number of minors currently testing positive for COVID-19.

The Juvenile Coordinator consulted with the Division of Health for Unaccompanied Children (DHUC) to determine the likely source of infection for minors who were diagnosed with COVID-19 and are currently in medical isolation. Figure 7 below provides the census data for these minors as of May 23, 2021.

Figure 7: Positive COVID-19 Minors in Medical Isolation as of May 23, 2021³

Program Name (Location)	Bed Capacity	Beds Occupied	Positive Minors During initial intake period	Positive Minors Likely acquired in ORR care
[REDACTED] (AZ)	15	15	3	0
[REDACTED] (TX)	119	119	3	0
[REDACTED] (TX)	56	40	2	0
[REDACTED] (TX)	286	256	1	1
[REDACTED] (TX)	33	33	2	0
[REDACTED] (TX)	74	54	0	1
[REDACTED] (MD)	29	22	1	0
[REDACTED] (TX)	77	76	2	0
[REDACTED] (NY)	15	14	1	0
[REDACTED] (TX)	60	60	7	0
[REDACTED] (TX)	39	39	1	0
[REDACTED] (TX)	327	159	6	0
[REDACTED] (TX)	185	111	3	6
[REDACTED] (TX)	455	423	6	0
[REDACTED] (TX)	104	94	2	0
[REDACTED] (TX)	57	53	2	0
[REDACTED] (CA)	100	88	1	0
[REDACTED] (TX)	69	65	2	0
[REDACTED] (FL)	46	44	2	0
[REDACTED] (IL)	107	106	0	10
[REDACTED] (PA)	40	31	0	1
[REDACTED] (PA)	36	36	0	1
[REDACTED] (TN)	66	64	2	0
[REDACTED] (FL)	27	27	2	0
[REDACTED] (IL)	21	21	2	0
[REDACTED] (OR)	3	3	1	0

³Figure 7 is a result of the data gathered by the ORR Juvenile Coordinator in consultation with DHUC as it pertains to minors diagnosed with and currently isolated for COVID-19 throughout the permanent shelter network. This information reflects the status as of May 23, 2021. In addition, the bed capacity and census for each shelter is a snapshot in time as this information is constantly changing as developments arise.

Program Name (Location)	Bed Capacity	Beds Occupied	Positive Minors During initial intake period	Positive Minors Likely acquired in ORR care
██████████ (AZ)	48	48	1	1
██████████ (TX)	138	110	4	0
██████████ (TX)	64	47	5	0
██████████ (TX)	19	19	1	0
██████████ (TX)	39	37	4	1
██████████ (AZ)	69	69	0	2
██████████ (TX)	136	129	0	3
██████████ (TX)	900	900	0	3
██████████ (TX)	200	143	0	1
██████████ (TX)	58	18	0	1
██████████ (TX)	323	296	14	1
██████████ (AZ)	175	174	2	0
██████████ (AZ)	41	41	1	0
██████████ (AZ)	105	90	1	0
██████████ (AZ)	181	181	1	0
██████████ (TX)	126	116	11	0
██████████ (TX)	137	111	5	0
██████████ (TX)	38	28	2	0
██████████ (TX)	120	104	2	0
██████████ (AZ)	105	105	3	0
██████████ (AZ)	148	148	1	0
██████████ (TX)	40	40	3	0
██████████ (FL)	16	16	1	0
██████████ (FL)	75	75	0	1
██████████ (VA)	87	87	1	0
<i>Total</i>	-	-	117	34

A COVID-19 health screening protocol for all minors is implemented to follow CDC guidelines for preventing and controlling communicable diseases. For minors diagnosed with COVID-19, EIS facilities either have established medical isolation areas or are designated for only minors that test negative for COVID-19. In addition to medical and mental health services, case management and legal services are available for all sites that were opened. Figure 8 below provides details on minors placed in EIS with a positive COVID-19 diagnosis.

Figure 8: Positive COVID-19 Minors in Medical Isolation as of May 23, 2021⁴

ICF/EIS Name (Location)	Bed Capacity	Beds Occupied	Positive Minors
██████████ (TX)	830	622	34
██████████ (TX)	1344	1091	18
██████████ (TX)	10000	4324	79
██████████ (TX)	372	306	2
██████████ (CA)	726	221	6
██████████ (TX)	606	317	9
██████████ (TX)	1970	1541	95
██████████ (CA)	975	510	7
██████████ (CA)	1450	879	39
██████████ (MI)	189	49	0
<i>Total</i>	-	-	289

Updates on ORR policies regarding the use of EIS', including policies and procedures to address COVID-19

The CDC and the Southwest Border Migrant Health Task Force (SWBMHTF) is providing technical support and guidance to Emergency Intake Sites (EIS) on COVID-19 and communicable disease prevention and control. The ORR Division of Health for Unaccompanied Children (DHUC) meets with SWBMHTF several times a week to discuss ongoing guidance, developments and to troubleshoot site-specific issues that arise.

SWBMHTF currently recommends the following COVID-19 testing protocol for minors at EIS facilities. Specific protocols are adapted to each EIS as necessary to work within any resource constraints. Prior to a minor being transported to an EIS they are tested for COVID-19. On day 3, and days 5, 6, and 7 minors are tested utilizing the rapid antigen test and are tested every three days thereafter. Also, a minor is immediately tested if symptoms of COVID-19 are developed.

Minors are required to quarantine for the first 7 days after admission to an EIS and can be released from quarantine on the morning of day 8 if they remained asymptomatic and had a negative COVID-19 test in the 48 hours prior. Minors that test positive for COVID-19 are required to be isolated for 10 days from the date the positive test was collected, or 10 days from the date of symptom onset if symptomatic.

⁴Figure 8 are the results of the data gathered by the ORR Juvenile Coordinator in consultation with DHUC as it pertains to minors diagnosed with and currently isolated for COVID-19 throughout ORR ICF and EIS facilities. This information reflects the status as of May 23, 2021. In addition, the bed capacity and census for each shelter is a snapshot in time as this information is constantly changing as developments arise.

EIS facilities are required to report positive and negative COVID-19 rapid antigen test results to the local health department. CDC SWBMHTF collects aggregate, non-identifiable positive COVID-19 test results for each EIS and reports them to ORR. EIS facilities are also required to complete the “Emergency Intake Site (EIS) Discharge and Transfer Record of Public Health and Medical Information” form for all minors discharged from an EIS. This form accompanies the minor to their final destination to ensure medical services are complete and not duplicated.

Medical contractors provide public health and medical care at each EIS facility. The specific contractor at each facility varies. Medical contractors are required to adhere to all of the above requirements.

ORR’s COVID-19 plans on vaccine distribution

On March 2, 2021, the President announced that he is directing all states to prioritize school staff and childcare workers for COVID-19 vaccination, and is encouraging them to get teachers, school staff, and workers in childcare programs their first shot by the end of March. The Department of Health and Human Services has determined that staff in organizations caring for minors through the Unaccompanied Refugee Minors (URM) Program and Unaccompanied Children (UC) Care Provider Organizations are eligible for vaccination through this directive as childcare workers.

On May 12, 2021, ACIP made an interim recommendation for use of the Pfizer-BioNTech COVID-19 vaccine in adolescents aged 12–15 years for the prevention of COVID-19. The Pfizer-BioNTech COVID-19 vaccine had previously been authorized for use in persons aged 16 years and older. Additionally, the Pfizer-BioNTech COVID-19 vaccine may now be co-administered with other childhood vaccines. Given the recommendation for expanded use, ORR is currently reviewing plans and guidance for administering COVID-19 vaccine to minors in care.

A small number of minors in ORR care have already been vaccinated under interim guidance (e.g., minors with high-risk conditions, Cat 3’s and 4’s with parental/sponsor consent, etc.). ORR plans to provide expanded access to COVID-19 vaccinations to eligible minors in care to the greatest extent possible, per CDC guidance. ORR is currently collaborating with interagency and state partners to finalize implementation plans in state-licensed shelters, Influx Care Facilities and Emergency Intake Sites.

Summary

The undersigned respectfully submits this report to the Court pursuant to the Court Order dated May 7, 2021. The undersigned will continue to work independently and with the Special Master and will continue to file interim reports per the Court’s directive to monitor facilities to assure compliance with CDC guidance and adherence to ORR guidelines.